

I. EPA/STATE Hazardous Waste I.D.#

W A D 0 0 0 8 1 2 9 1 7

NOTIFICATION OF
DANGEROUS WASTE
ACTIVITIES

(send to) Attn: DW Notifications

Washington State Department of Ecology

M/S PV-11 Olympia, WA. 98504-8711

(206) 459-6314/6305/6306

Revision

26 SEP 27 11:59

Init.: 254 Date: 9/14/86 Region: N

EPA: _____ Date: _____ Copy: _____

Input: _____ Update: _____ Ack: _____

DEPARTMENT USE ONLY

II. Waste Designated By:

☒ RCRA/State _____ SQ☐ State Only☐ Non-Regulated/Non-Handler/Protective Filing

III. Exemption Status:

☐ RCRA Exempt Recycler☐ State Exempt Recycler☐ Below OEL☐ Other _____

IV. Handling

☐ Emergency☐ Remedial Action☐ One-Time-Only☐ Other _____

DEPARTMENT USE ONLY

1. ☐ A. FIRST NOTIFICATION☒ B. REVISED NOTIFICATION

(enter current I.D.# in upper left)

MO. _____ DAY _____ YR. _____

revisions effective: _____ / _____ / _____

☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)☐ E. SITE CLOSED (We are no longer conducting business at this location and want our I.D. No. canceled)2.A. WASHINGTON STATE DEPARTMENT OF
REVENUE REGISTRATION (TAX) NUMBER

6 0 0 - 0 1 9 - 7 5 3

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

2 9 1 1

3. NAME OF COMPANY

C H E M I C A L P R O C E S S O R S I N C / P I E R 9 1

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

5 5 0 1 A I R P O R T W A Y S O U T H

CITY OR TOWN

STATE

ZIP CODE

S E A T T L E W A 9 8 1 0 8 -

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

P I E R 9 1

6. COUNTY WHERE THIS
INSTALLATION IS LOCATED

K I N G

CITY OR TOWN

STATE

ZIP CODE

E A T T L E W A 9 8 1 1 9 -

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATORB. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)(1) ☐ We Transport Waste For Hire

(2) Modes of Transport YOU Operate

D. ☐ UNDERGROUND
INJECTION(a) ☒ HIGHWAY (b) ☐ AIR (c) ☐ RAIL
(d) ☐ WATER (e) ☐ OTHER _____C. ☒ WASTE MANAGEMENT
FACILITY (TSD)
(refer to definitions
in instructions)(1) ☒ TREATMENT(2) ☒ STORAGE(3) ☐ DISPOSAL(4) ☒ WE ACCEPT
OFF-SITE WASTESRECEIVED
SEP 05 1986USEPA RCRA
3013000

8. CONTACT PERSON

TECHNICAL OPERATIONS SECTION

NAME (last),

(first)

S T E F A N I D E N N I S

TITLE

PHONE NO. (area code & number)

G R R E G U L A T O R Y A F F S 2 0 6 - 7 6 7 - 0 3 5 0

9.A. OWNERSHIP (Legal Owner(s) of this Company)

E E A T T A C H E D S H E E T

9.B. OWNERSHIP (Legal Owner(s) of site (Property))

O R T O F S E A T T L E

10. TYPE OF OWNERSHIP

(enter letter code in box)

P

LINE NUMBER	Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)		D. Estimated or Actual Annual Waste Quantity										WEIGHT
1														
2														
3	Please see attached listing.													
4	Facility handles waste oils and oil													
5	contaminated wastewater, some of which contains low concentrations of heavy metals or phenols.													
6														
7														
8														
9														
10														

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch.

A. ☐ Batch Frequency _____

QUANTITY				WEIGHT	CODE

B. ☒ PER MONTH

QUANTITY				WEIGHT	CODE
	3	0	0	0	P

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

Chemical Processors, Inc.'s Pier 91 facility is a marketer of hazardous waste fuel, and has submitted the required notification forms for this activity.

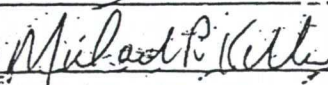
14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. ☒ NOTIFICATION FORM B. ☒ PART A PERMIT FORM FOR TSD FACILITIES
C. ☐ BIOLOGICAL TEST PROCED. D. ☒ GENERATOR ANNUAL REPORT FORM
E. ☐ CHEMICAL TEST PROCED. F. ☒ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G. ☒ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
H. ☒ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
I. ☐ OTHER (specify) _____

15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: 	OFFICIAL TITLE (Print) Vice President, Operations	DATE SIGNED: 8/25/86
PRINTED NAME: MICHAEL P. KELLER		

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 3 0	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13 K 0 4 8	14 K 0 4 9	15 K 0 5 0	16 K 0 5 1	17 K 0 5 2	18 W 0 0 1
19 W T 0 2	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☒ 2. Corrosive
(D002)

☒ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Michael R. Keller

Name and Official Title (type or print)

Vice President, Operations

Date Signed

8/26/01